

Name
in
Full

Ellen Barthlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>Sept</u> <small>Day</small>	<u>20</u> <small>Years</small>	<u>68</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Md</u>
Occupation	<u>House work</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Eli Barthlow</u>		
Father's Name	<u>Leri Pierce</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace	<u>unknown</u>	
Name of person giving information	<u>Eli Barthlow</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	<u>Epilepsy</u>	How long	<u>not definitely known</u>
Immediate	<u>General Debility</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Allen B. Wilson M.D.</u>
		Address	<u>159 1/2 N. Jonathan St. Hagerstown Md.</u>
Accident or Suicide?	<u>no.</u>		

Upper
Rampart

Name
in
Full

Catharine A Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Pinesburg		^{County} Washington		MARYLAND	
Date of death	1908	Month	26	Day	Sept
		Age	70	Years	
		Months	6	Days	13
Sex	Female	Color or Race	White	Birth-place	Williamsport
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	S. W. Bear		
Father's Name	James Hull.			Father's Birthplace	Hagerstown Md
Mother's Maiden Name	Nancy Dugan			Mother's Birthplace	Belknap Co. N.H.
Name of person giving information	S W Bear			How related to deceased	Husband

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Cancer of Uterus	How long	Three years
Immediate	Prostration	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. S. Richardson
yes.		Address	Williamsport Ind
Accident or Suicide?			
no.			

Sept. 28th 1908

Riverside Cemetery

J. F. Kees
Undertaker

Hampden &
Co

Name
in
Full

Louisiana

Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Haguro town		County wash.		MARYLAND	
Date of death	1908	Month Sep.	Day 28	Age 86	Years	Months	Days
Sex female	Color or Race white		Birth-place md.				
Occupation Lady of Leisure	Where Residing if not at place of death						
Married, Single or Widowed single	Name of Wife or Husband						
Father's Name William D. Bell	Father's Birthplace Md.						
Mother's Maiden Name Susan Henry	Mother's Birthplace						
Name of person giving information Mrs. Corbie Douglas	How related to deceased niece						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Senility, Bright's disease		How long	
Immediate	Exhaustion		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. H. P. P. P.	
			Address Haguro town Md	
Accident or Suicide?		no		

2864

S

29

Name
in
Full

Harold Lee Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

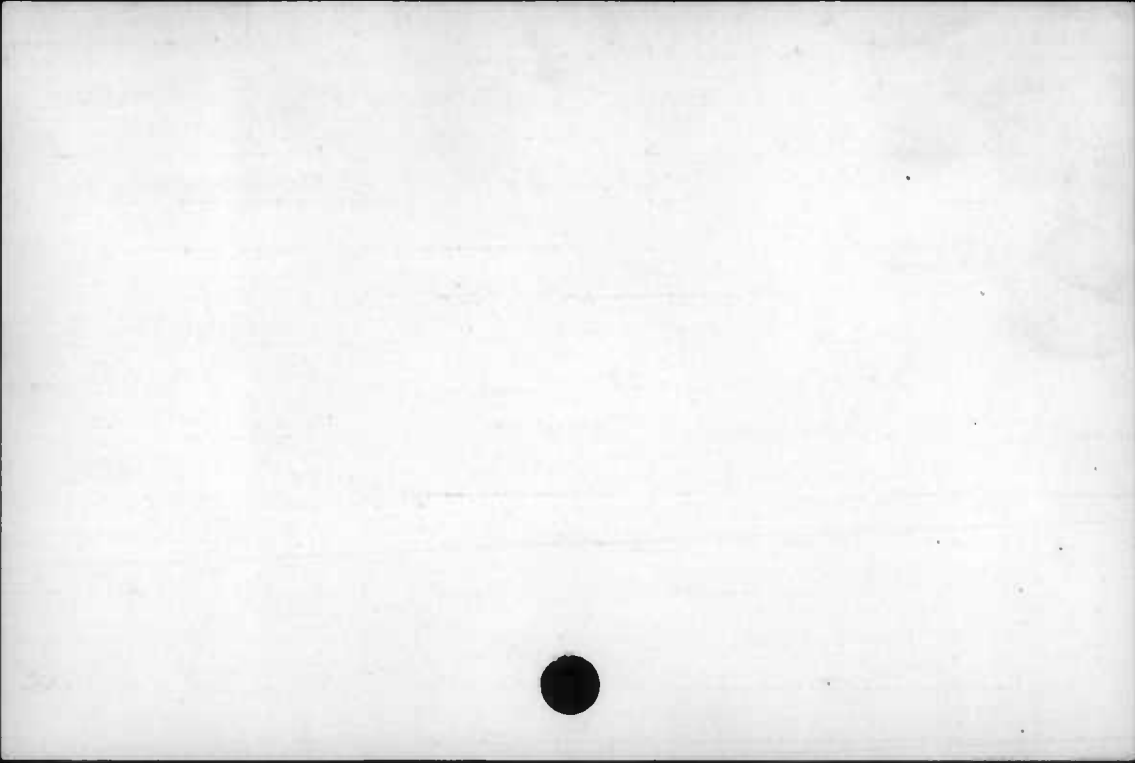
Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	<i>1908</i>	^{Month} <i>Sept</i>	^{Day} <i>15</i>	^{Age} <i>—</i>	^{Years} <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Fraun P. Bowman</i>			Father's Birthplace <i>Tn.</i>		
Mother's Maiden Name <i>Bessie Bern</i>			Mother's Birthplace <i>Tn.</i>		
Name of person giving information <i>Fraun P. Bowman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Intestinal Indigestion</i>	How long	<i>2 days</i>
Immediate	<i>Toxemia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. M. Dugan</i>	
Address <i>Hagerstown, Md</i>		Address <i>—</i>	
Accident or Suicide? <i>—</i>		Address <i>—</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bonsboro		County Washington		MARYLAND	
Date of death		1908	Month September	Day 5-	Age 58	Years 4	Months 11
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Undertaker		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Fannie Ryman					
Father's Name John C. Brining		Father's Birthplace Germany					
Mother's Maiden Name Estherine Spilhaus		Mother's Birthplace Maryland					
Name of person giving In formation Fannie Brining		How related to deceased Wife.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long 6 months
Immediate	Exhaustion	How long 1 month
Are the name, age, sex, color, date and place correctly given above? yes'		Signature of Physician J. Hubert Wade, M.D.
Accident or Suicide? No		Address Bonsboro, Md.



Name in Full		Certificate of Death			
Mary Bell		Town		County	
Died at Spickler		Washington		MARYLAND	
Date of death	1908	Month	Sept	Day	7 th
Age	85	Years	6	Months	17
Sex	Female	Color or Race	white	Birthplace	Adams Co, Pa
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband Daniel Bell			
Father's Name	Daniel Mickley	Father's Birthplace Adams Co, Pa			
Mother's Maiden Name	Elizabeth Settle	Mother's Birthplace Adams Co, Pa			
Name of person giving information	James B Kreps	How related to deceased Son-in-law			
CAUSES OF DEATH					
Primary Cancer of Stomach				How long 3 Years	
Immediate Exhaustion				How long 6 Months	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
Yes				J. B. Perry	
Address				Chambersburg, Pa.	
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

40



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	1908	Month	9	Day	25
Age	20	Years	10	Months	12
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>md.</i>
Occupation	<i>H. W.</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>R. Henry Benchoff</i>		
Father's Name	<i>Daniel Manges</i>	Father's Birthplace	<i>md.</i>		
Mother's Maiden Name	<i>Annie A. Cost</i>	Mother's Birthplace	<i>"</i>		
Name of person giving information	<i>Daniel Manges</i>	How related to deceased	<i>father</i>		

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Diarrhoea</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>D. S. Herman</i>	
Address		<i>Hagerstown</i>	
Accident or Suicide?		<i>md.</i>	

Back

Name
in
Full

Effie Jane Bisier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Appleton</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept-</i>	Day <i>3</i>	Years <i>64</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fred. Co Ind.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Appleton</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mr. W. Bisier</i>				
Father's Name <i>David Reeder</i>	Father's Birthplace <i>Fred Co Ind</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Ruth Alexander</i>	Name of person giving information <i>Mr. W. Bisier</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Paralysis*

Immediate *Debility*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

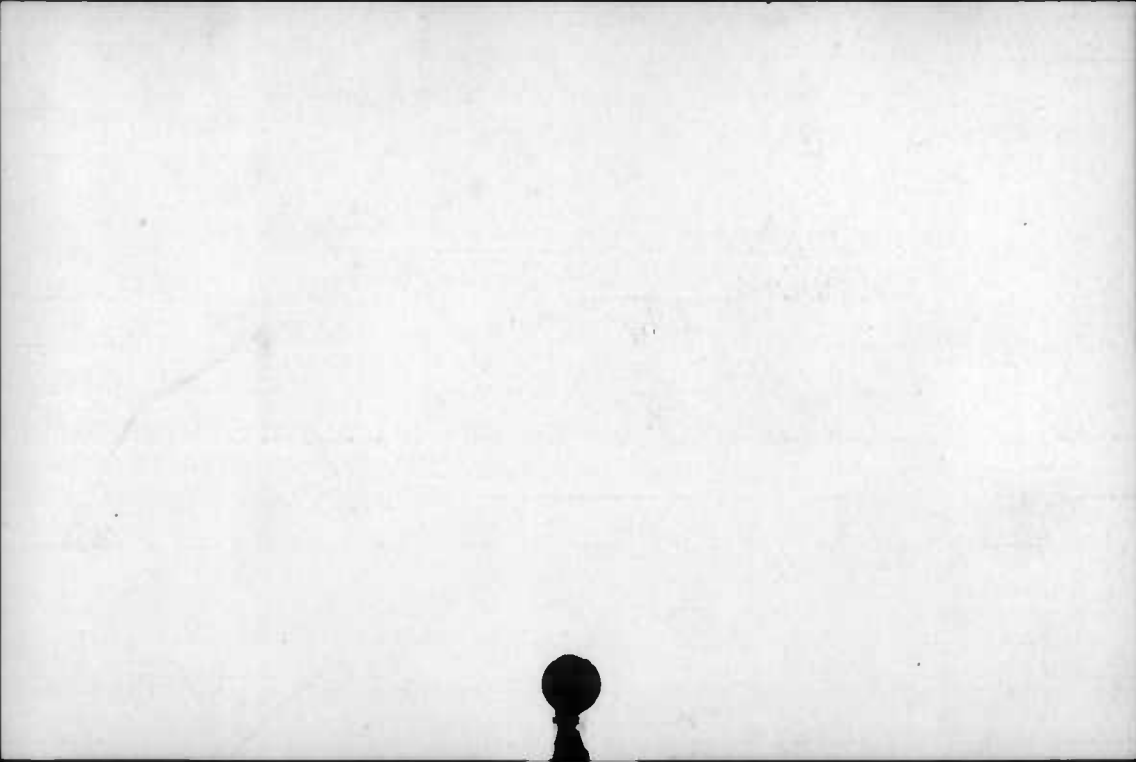
Address

Dr. S. Davis

Brownboro

Ind

Accident or Suicide?



Name
in
Full

Mrs Ruth A Bloyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

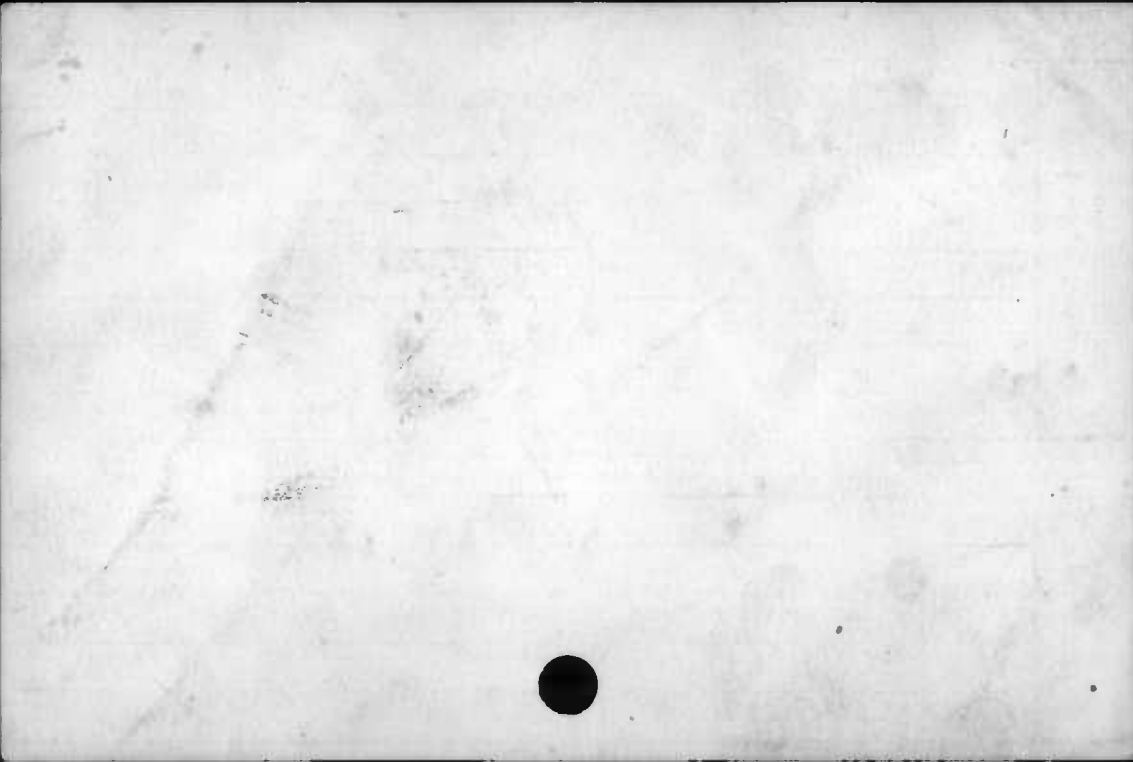
Died at		Town		County		State	
Pectonville		Maryland		Washington		Maryland	
Date of death		Month	Day	Age	Years	Months	Days
1908 Sept		2	2	37	5		
Sex		Color or Race		Birth-place			
woman		White		Louden Va			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Married		Henry Bloyer		Louden Va		Louden Va	
Father's Name		Sampson Harper		How related to deceased		None	
Mother's Maiden Name							
Name of person giving information		James B. G. G. G.					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Cold on lungs -	How long	
Immediate	Heart failure	How long	5 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		P. C. Stagers	
		Address	
		Hanover	
		Md.	
Accident or Suicide?			



Name
in
Full

Glendale Eugene Buchanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

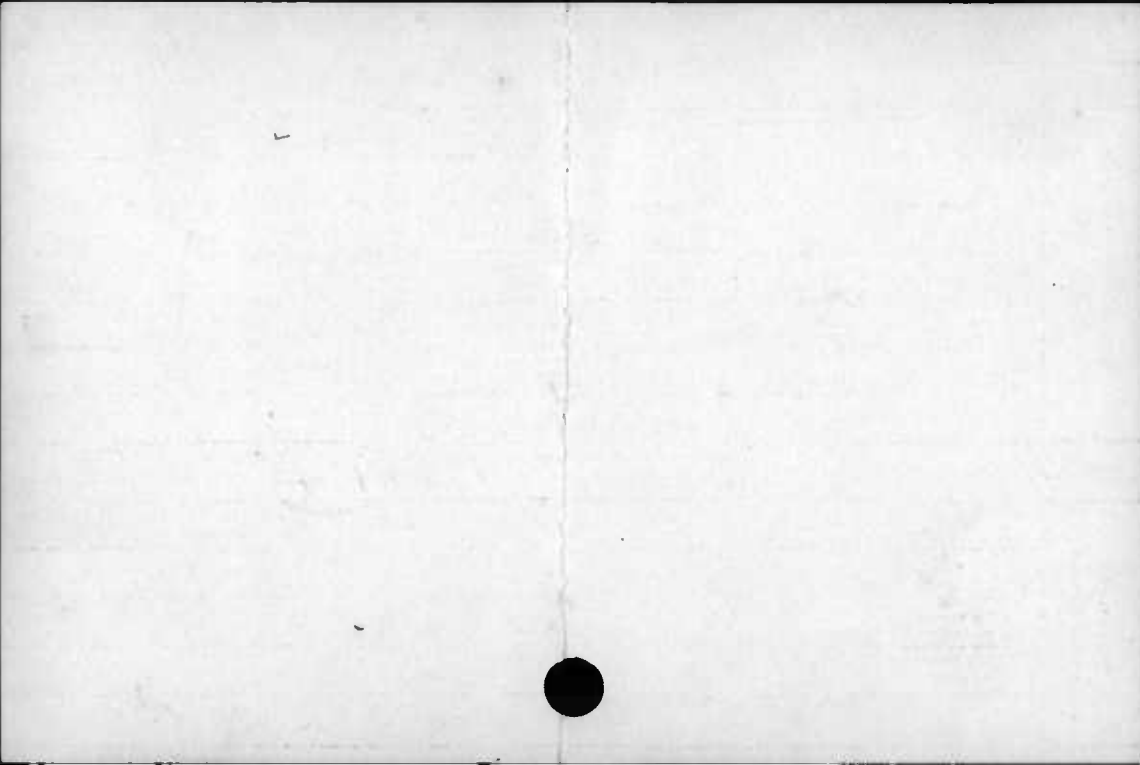
Died at <i>near Bearfoss</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1908	Month	Sept.	Day	25	Age	one
						Years	7
						Months	23
Sex	Male		Color or Race	white		Birth-place	Maryland
Occupation			Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	D. M. Buchanan					Father's Birthplace	Bearfoss Md.
Mother's Maiden Name	Lucy Bricker					Mother's Birthplace	Claylick Penna.
Name of person giving information	Grace Buchanan					How related to deceased	Sister

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>		How long	<i>24 hours</i>
Immediate	<i>Convulsions</i>		How long	<i>12 "</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Harry J. Chapman M.D.</i>	
			Address <i>Wells Branch D.P.A.</i>	
Accident or Suicide?				



Name
in
Full

Isaac Corbett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

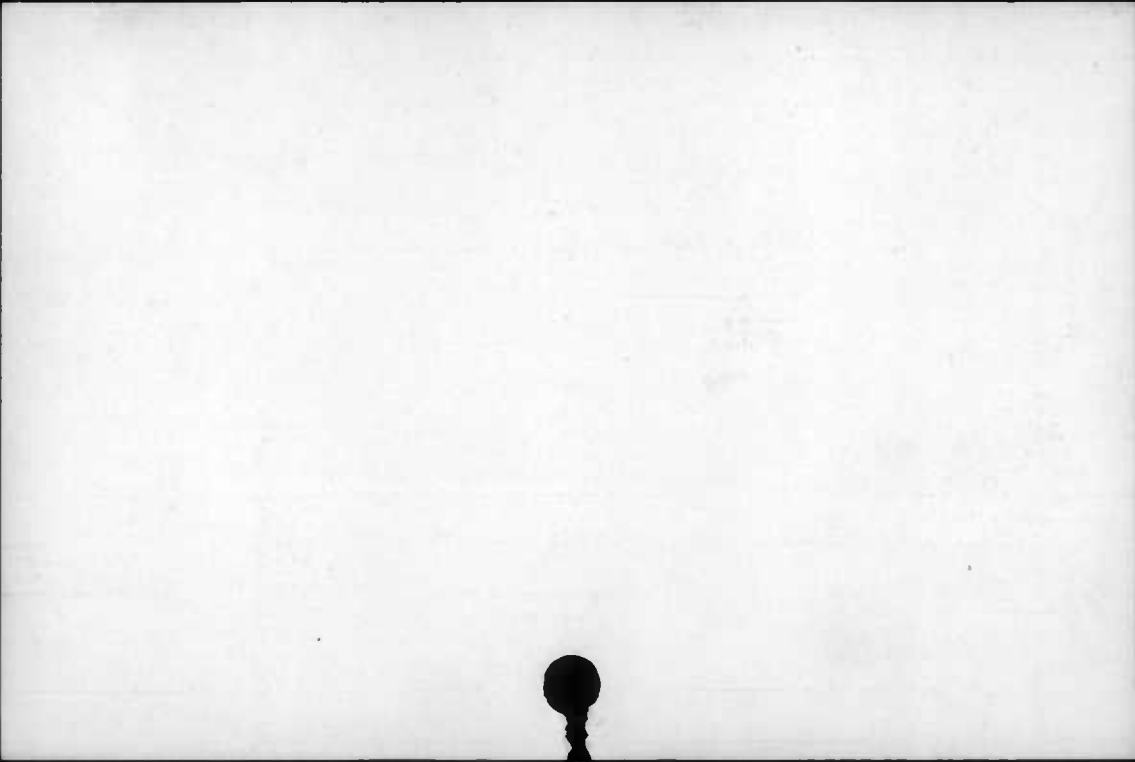
Died at <i>Milson Dist-</i>		Town <i>Trask</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept-</i>	Day <i>25-</i>	Age <i>75-</i>	Years	Months <i>0</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Mary A. Funk</i>						
Father's Name <i>Peter Corbett</i>	Father's Birthplace <i>Scotland</i>						
Mother's Maiden Name <i>Catherine Bregunier</i>	Mother's Birthplace <i>Pa</i>						
Name of person giving information <i>Scott Corbett</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>Five weeks</i>
Immediate <i>Heart failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clearspring Washington Co</i>
<i>Accident or Suicide</i>	



Name
In
Full

Bertha Border

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

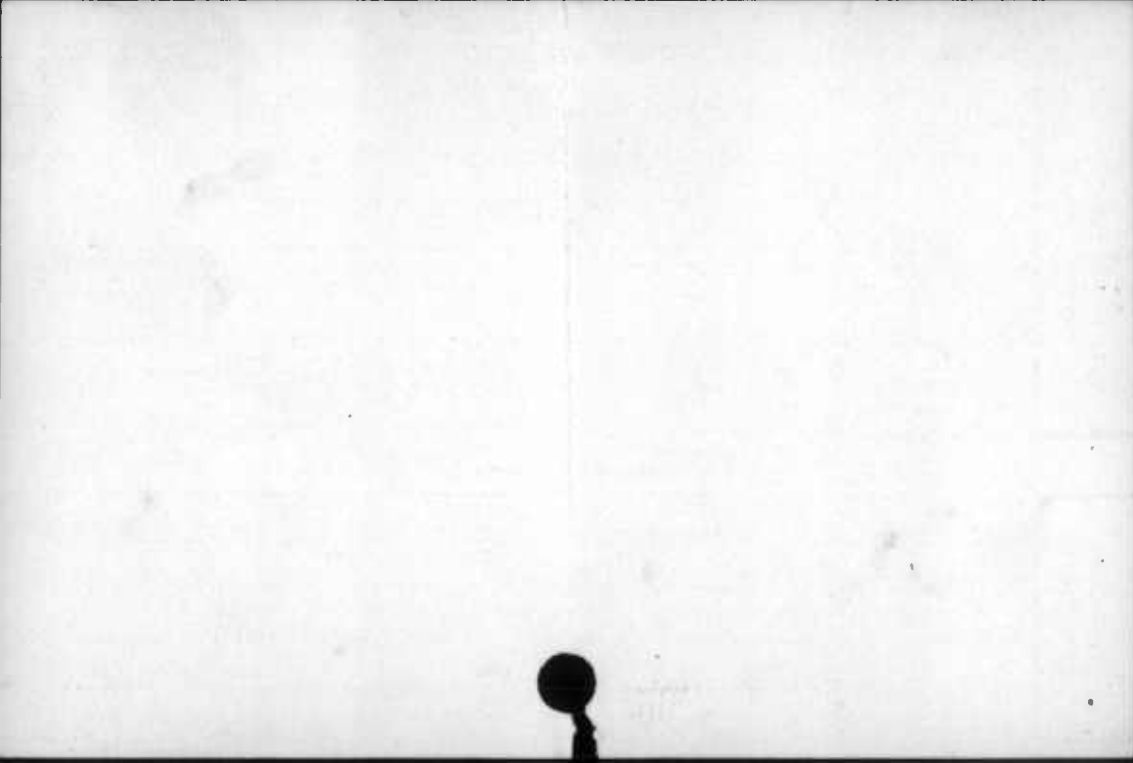
Died at <i>Brownsville</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>1</i>	Age <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Alexander. Border</i>			
Father's Name <i>Joseph Gordon</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Virginia Laher</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>George W. Touch</i>			How related to deceased <i>Wt</i>		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>1 Year</i>
Immediate <i>Intestinal Obstruction</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. T. Younte</i>
<i>Q</i>	Address <i>Brownsville</i>
Accident or Suicide? <i>Q</i>	<i>Mob</i>



Name
in
Full

Christian M. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Antietam</u> Town		<u>Washington</u> County		MARYLAND							
Date of death	<u>1908</u>	Month	<u>Sept.</u>	Day	<u>21st</u>	Age	<u>—</u> Years	Months	<u>—</u>	Days	<u>11</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Antietam, Md</u>				
Occupation	<u>—</u>			Where Residing if not at place of death <u>—</u>							
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>								
Father's Name	<u>Eugene Davis</u>					Father's Birthplace	<u>Keokuk, Ia</u>				
Mother's Maiden Name	<u>William J. Dixon</u>					Mother's Birthplace	<u>Law, Ia</u>				
Name of person giving information	<u>Eugene Davis</u>					How related to deceased	<u>Father</u>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Tetanus</u>	How long	<u>Five hith</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. M. Garrett</u>		
	Address <u>Shirley, Md.</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henrietta E. Fisher</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>30</i>		Years <i>53</i>	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>30</i>		Years <i>53</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>7</i>	
Occupation <i>Housewife</i>		Where Residing If not at place of death <i>MD</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob Fisher</i>					
Father's Name <i>Charles E. Martin</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Henrietta Wright</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Jacob Fisher</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Stroke of the brain</i>	How long <i>Several days</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Ragsdale</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide? <i>No</i>	

W

2865

30

Name
in
Full

Still born child of Garfield Harmon

CERTIFICATE OF DEATH

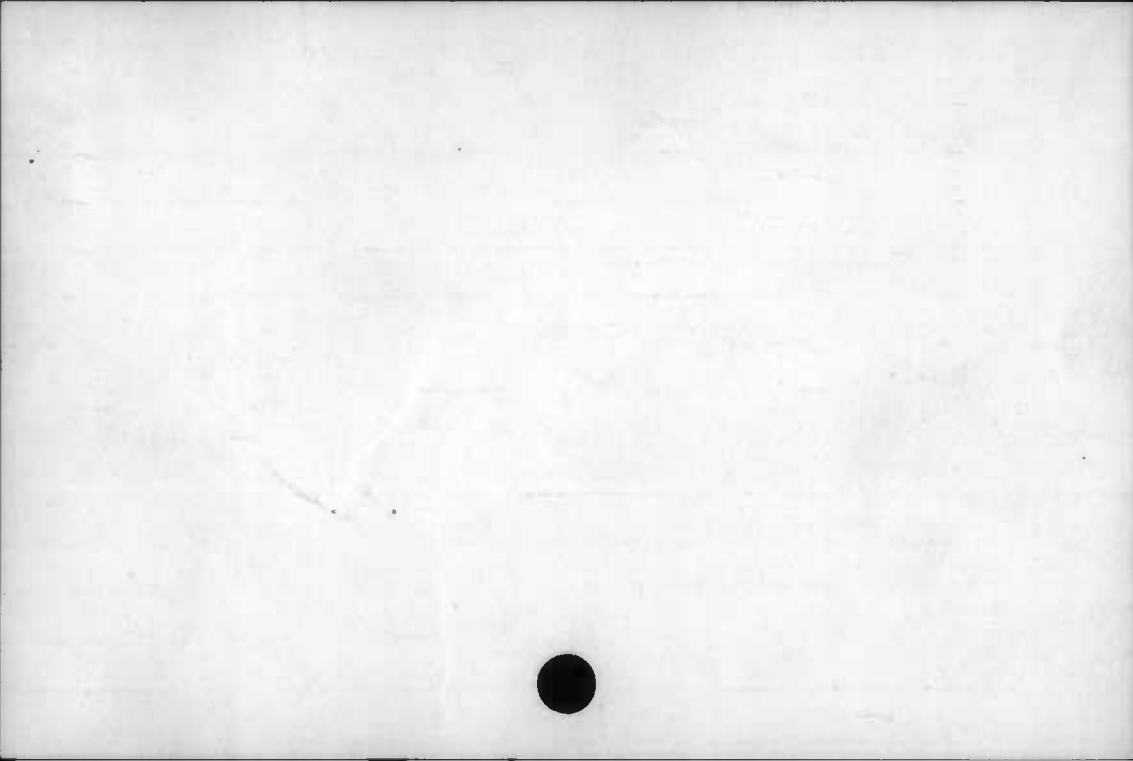
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1908	Month <i>Sept</i>	Day <i>4</i>	Age	Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Garfield Harmon</i>				Father's Birthplace	
Mother's Maiden Name		<i>Carrie Brill</i>				Mother's Birthplace	
Name of person giving information		<i>Garfield Harmon</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Proximate birth</i>	How long	<i>7 mo</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. L. M. and an</i>	
		Address	
		<i>Logansville</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Alfred C. Huffer

Town

County

Died at

Boonsboro

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Sept-

21st

Age

71

11

13

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Boonsboro

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Sarah Poms

Father's
Name

John Huffer

Father's
Birthplace

Maryland

Mother's
Maiden Name

Leah Blecker

Mother's
Birthplace

Maryland

Name of person giving
In formation

Geo. C. Huffer

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cirrhosis Liver

Immediate

Cancer Pylorus

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. C. Wheeler M.D.

Address

Boonsboro

Accident or Suicide?

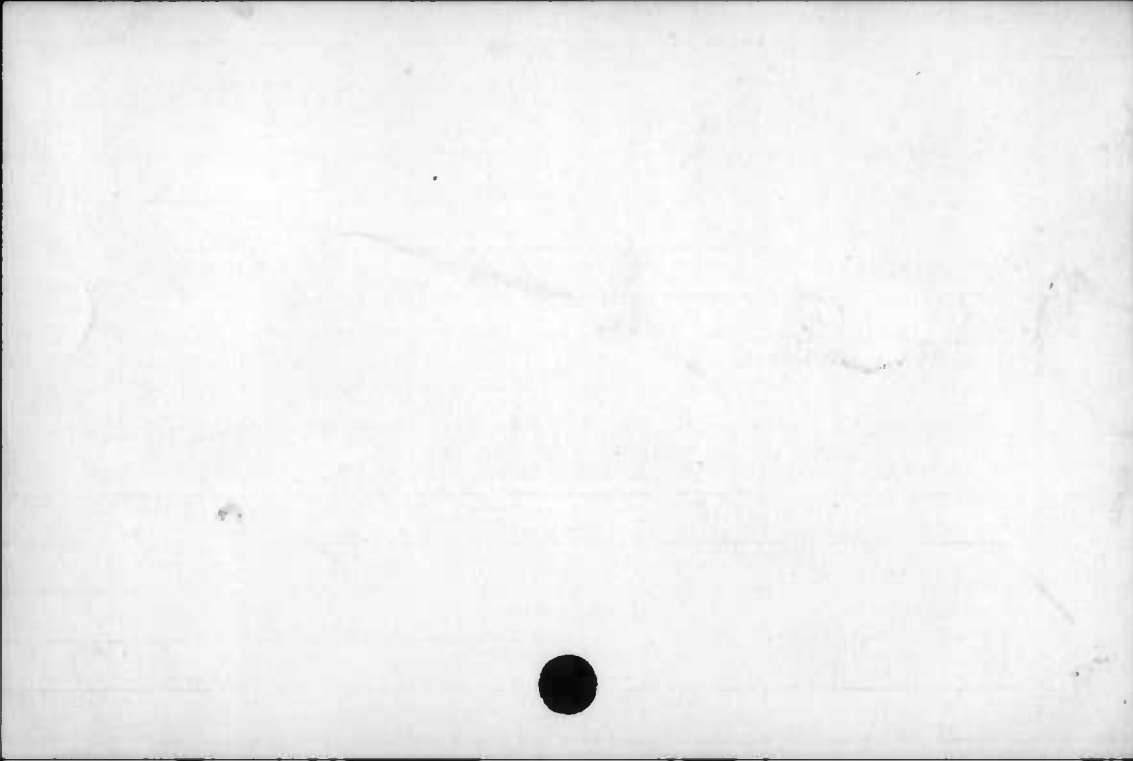
112

How long

3 yrs -

How long

3 yrs -



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Johnson</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>14</i>		Years <i>73</i>	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>14</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>2</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel B. Johnson</i>		Father's Name <i>David Darwin</i>		Father's Birthplace <i>don't know</i>	
Mother's Maiden Name <i>Eveline Kothrauff</i>		Name of person giving information <i>Samuel Johnson</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Husband</i>	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>Heart Disease</i>	How long <i>Several years</i>
Immediate	<i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>W. P. Scott</i>
Address	<i>Hagerstown</i>	
Accident or Suicide?	<i>No</i>	

9/14



Name in Full		Infant of Geo. Kelley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Clearspring		County		MARYLAND
	Date of death		1908		Age		
	Month		Sept		Day		Years
	Month		22		Months		Days
	Sex		male		Color or Race		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		George W. Kelly		Father's Birthplace		md
Mother's Maiden Name		Jannie Eichelberry		Mother's Birthplace		md	
Name of person giving information		Geo W Kelly		How related to deceased		Husband's Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Premature Birth		How long		15-1
	Immediate		Asthma		How long		1 day
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E J Mason
					Address		Clearspring md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

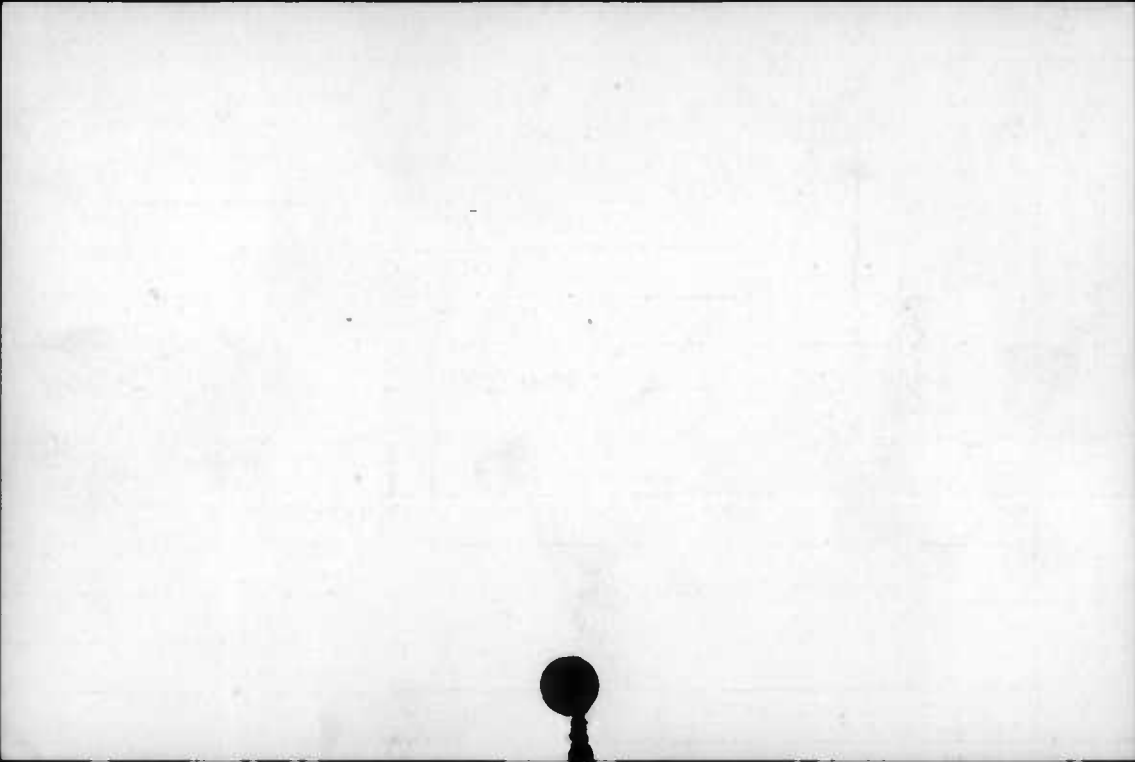
Died at <i>Clear Spring</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> ^{Month}	<i>14</i> ^{Day}	Age <i>57</i> ^{Years}	<i>10</i> ^{Months}	<i>24</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, <i>Single</i> ^{Single or Widowed}		Name of Wife or Husband <i>Katherine Huffman</i>			
Father's Name <i>Daniel Leite</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Amelia Hoffman</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Katherine Leite</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One Year</i>
Immediate <i>Exhaustion</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Perry</i>
	Address <i>Clear Spring Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

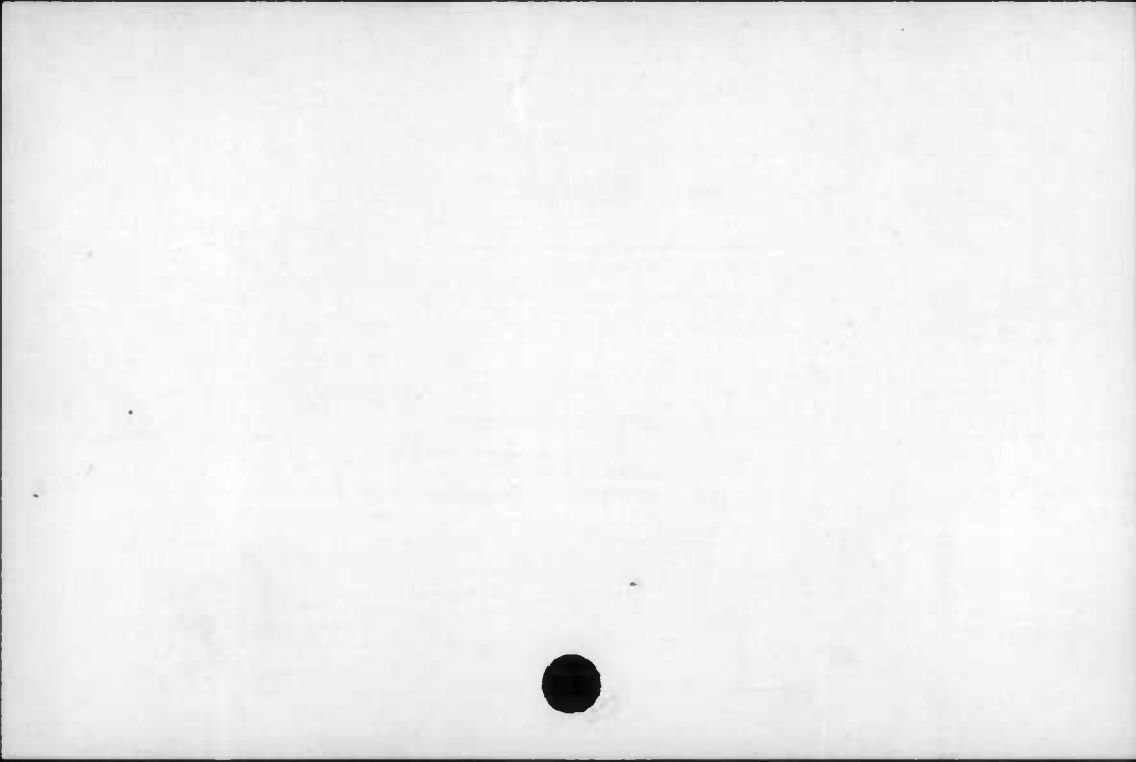
TO BE ANSWERED BY
NEAREST FRIEND

Died at Dorville ^{Town}		Wash ^{County}		MARYLAND	
Date of death 1908		Sept ^{Month}	11 ^{Day}	— ^{Years}	2 ^{Months}
Male ^{Sex}		White ^{Color or Race}		Dorville ^{Birth-place}	
— ^{Occupation}		Single ^{Where Residing if not at place of death}			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Franklin Leslie Seaman		Father's Birthplace	
Mother's Maiden Name		Jennie McLean		Md	
Name of person giving information		F. S. Seaman		Md	
				How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	2 mos
Immediate	Marasmus	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V. M. Reichard	
Address		Fairplay	
Accident or Suicide?		No	



Name
in
Full

Chas. S. Marshal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Appleton</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>Sept.</i>		Day <i>4</i>		Age <i>54</i> ^{Years}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wash. Co</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Appleton</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Ann Nels</i>			
Father's Name <i>Edward Marshal</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Mary Carly</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mary Ann Marshal</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 yrs.</i>
Immediate	<i>Pneumonia & Pulmonary</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. S. Davis</i>	
		Address <i>Boonsboro Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Howard Ellis Mayhugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Near Greencastle* ^{County} *Franklin Co. Pa*

MARYLAND

Date of death *1908* ^{Month} *Sept* ^{Day} *7th* ^{Years} *3* ^{Months} *1* ^{Days} *18*Sex *Male* Color or Race *White* Birth-place *Harview Md*Occupation *---* Where Residing if not at place of death *Place of Death*Married, Single
or WidowedName of Wife or
HusbandFather's Name *Harry E Mayhugh*Father's Birthplace *Franklin Co. Penna*Mother's Maiden Name *Mary B Mowen*Mother's Birthplace *Franklin Co. Pa*Name of person giving
In formation *W. S. Dietrich out of State.*How related
to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Leucemia*How long *20 days*Immediate *meningitis*How long *7 days*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician

Address

*E. M. M. Lauffe
Greencastle Pa*Accident or Suicide? *No*

Middleburg, Pa.

Name
in
Full

Lillian E. Mayle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wellesport		County Washington		MARYLAND	
Date of death		1908	Month Sept	Day 24	Age 29	Months 7	Days 22
Sex Female		Color or Race Colored		Birth-place Philips W Va			
Occupation Housekeeper				Where Residing if not at place of death _____			
Married, Single or Widowed Married		Name of Wife or Husband Warner W. Mayle					
Father's Name Eli Dalton		Father's Birthplace Philips W Va					
Mother's Maiden Name Clara Dalton		Mother's Birthplace " " "					
Name of person giving information Warner W. Mayle		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulmonalis	How long 6 months
Immediate	Asthma	How long 2 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Ernest N. Carter
		Address Wellesport
Accident or Suicide? No		

in River view Cemetery

Sept -26 -08

J F Keefe

Undertaker Wm Ma

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Unnamed Child Miller</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>18</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>18</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Reading if not at place of death <i>—</i>		Days <i>7</i>		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Va</i>	
Father's Name <i>Charles Miller</i>		Mother's Maiden Name <i>Mary Garrison</i>		How related to deceased <i>Father</i>		—	
Name of person giving information <i>Charles Miller</i>		—		—		—	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>2 days</i>	
Immediate <i>Exhaustion</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Theo Boase</i>	
Address <i>Hagerstown, Md.</i>		—	
Accident or Suicide? <i>—</i>		—	

Epifan
Ras Hiel
19/08

Name
in
Full

Infant of Lewis E. Mills Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanes Run</i>		Town <i>Washington</i>		County <i>Cal</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lanes Run</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Lewis E. Mills Jr.</i>				Father's Birthplace <i>Hancock Md.</i>			
Mother's Maiden Name <i>Fannie Forsyth</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Lewis E. Mills Sen</i>				How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. M. Rhyell</i>
<i>Yes</i>	Address <i>Sub Health Officer Clear Spring, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	22	2	2	9	15
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Fether's Name				Father's Birthplace			
Wm Stanley Mumma				Wms. Ford			
Mother's Maiden Name				Mother's Birthplace			
Florence Ensminger				" "			
Name of person giving Information				How related to deceased			
Wm S. Mumma				Father			

CAUSES OF DEATH

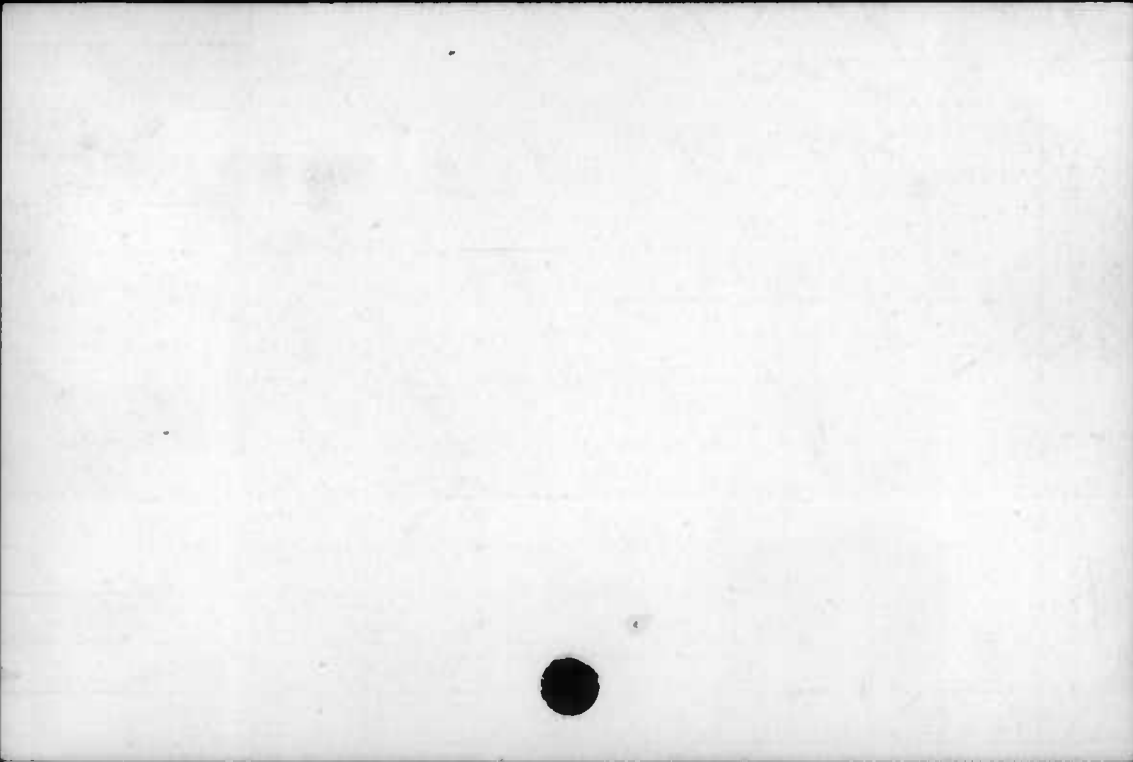
20

PHYSICIAN
OR CORONER

Primary	Septic Infection	How long	10 days -
Immediate	Dysentery	How long	Few days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. M. West	
		Address	
		Hagerstown	
Accident or Suicide			

Wm J. L. 2nd,
S. K. Lowman

Name in Full		HEROLD, Bartlett, Munson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hancock		County Washington		MARYLAND	
	Date of death	1908	Month 9	Day 10	Age	Years 3	Months 15
	Sex	male		Color or Race	white		Birth-place
	Occupation	Nursing Infant		Where Residing if not at place of death		Same place	
	Married, Single or Widowed	Neither		Name of Wife or Husband	X Child		
	Father's Name	Charles Munson				Father's Birthplace	Hancock
	Mother's Maiden Name	Mollie Bishop				Mother's Birthplace	Hancock
	Name of person giving information	Chas. Munson				How related to deceased	Father
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">179</div>							
PHYSICIAN OR CORONER	Primary	Malnutrition & General				How long	3 months
	Immediate	starvation				How long	3 months
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	H. E. Tabler
						Address	Hancock Md
	Accident or Suicide?						



Name
in
Full

Robert Samuel Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County.}		MARYLAND	
Date of death <u>1908</u>	Month <u>9</u>	Day <u>11</u>	Years <u>26</u>	Months <u>4</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Md.</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>William H. Myers</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>Malinda Shilling</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>C. L. Reed</u>			How related to deceased <u>Bro in law.</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Several months</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Scott</u>
<u>_____</u>	Address <u>Hagerstown</u>
Accident or Suicide? <u>_____</u>	

Oscar Mines
~~Ray King~~

Marty L.

Gayle

•
Edna Wilson

Ann Baitta

Funkstown

Name
in
Full

Franklin Davis Newcomer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

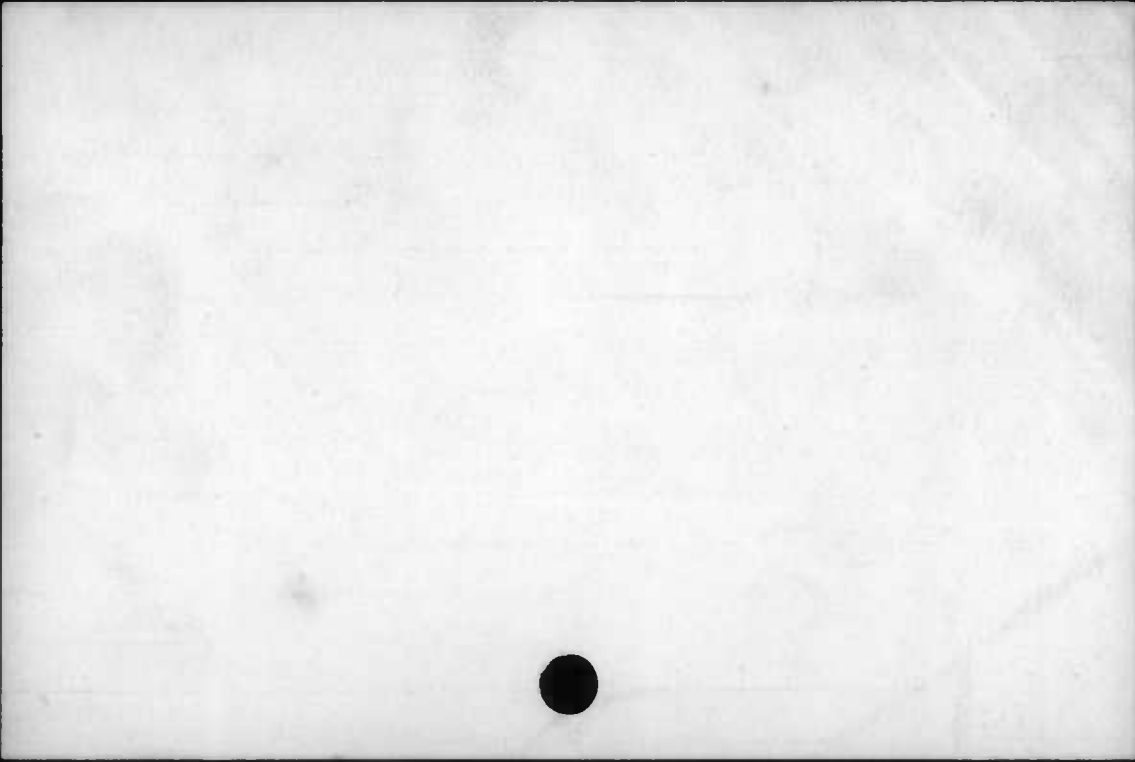
Died at <i>Mt. Aetna</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>6th</i>	<i>Sept.</i> ^{Month}	<i>6th</i> ^{Day}	Age <i>60</i> ^{Years}	<i>9</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Beane Creek Md.</i>	
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>(Wash. Co -</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Millie Ann Laidis Newcomer</i>			
Father's Name <i>Henry Newcomer</i>			Father's Birthplace <i>Wash. Co Md</i>		
Mother's Maiden Name <i>Mary Newcomer</i>			Mother's Birthplace <i>Wash. Co Md</i>		
Name of person giving information <i>Claud Laidis Newcomer</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Perforation et Abdominal</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. A. Quinn M.D.</i>
	Address <i>Chesville Md</i>
	<i>Wash. Co - Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

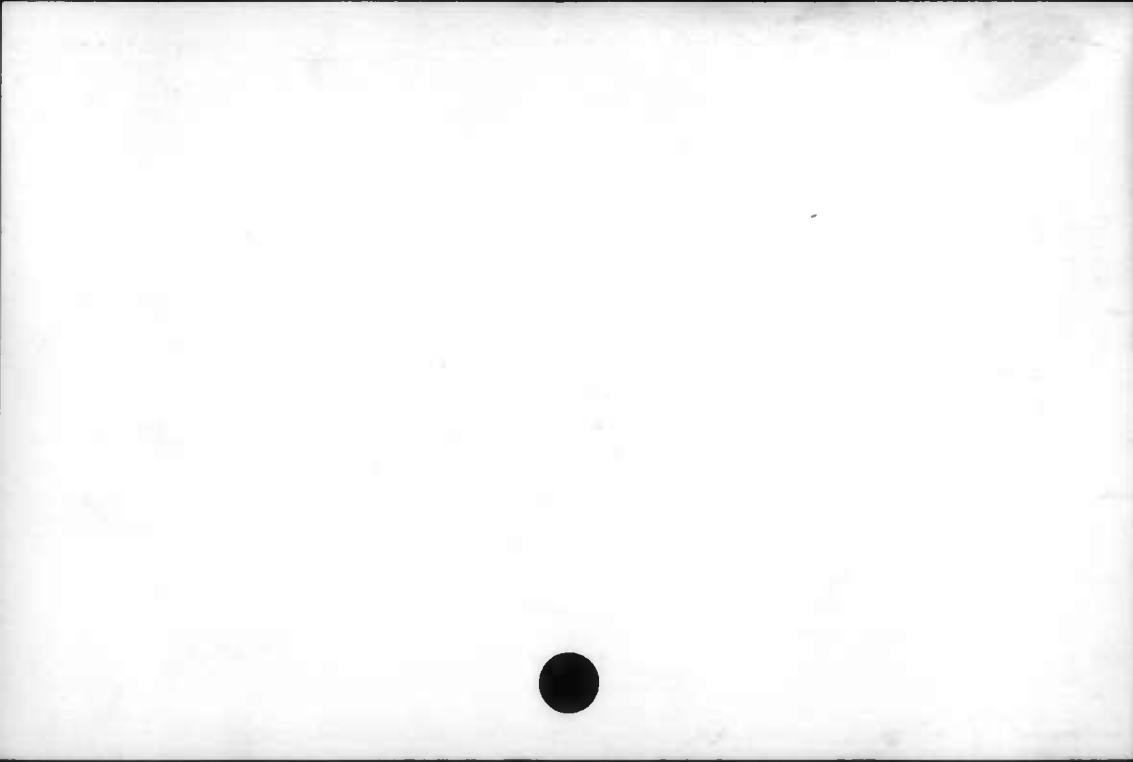
Died at <i>George Parrish</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 190 <i>8</i> Month <i>Sept</i> Day <i>9</i>		Age <i>54</i> Years		Months _____ Days _____	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Hagerstown</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Hagerstown</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Anna Parrish</i>			
Father's Name <i>George W. Parrish</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Anna Parrish</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of intestines</i>	How long <i>8 months</i>
Immediate <i>Carcinoma of intestines</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>J. P. Laughlin</i>	Address <i>Hagerstown, Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

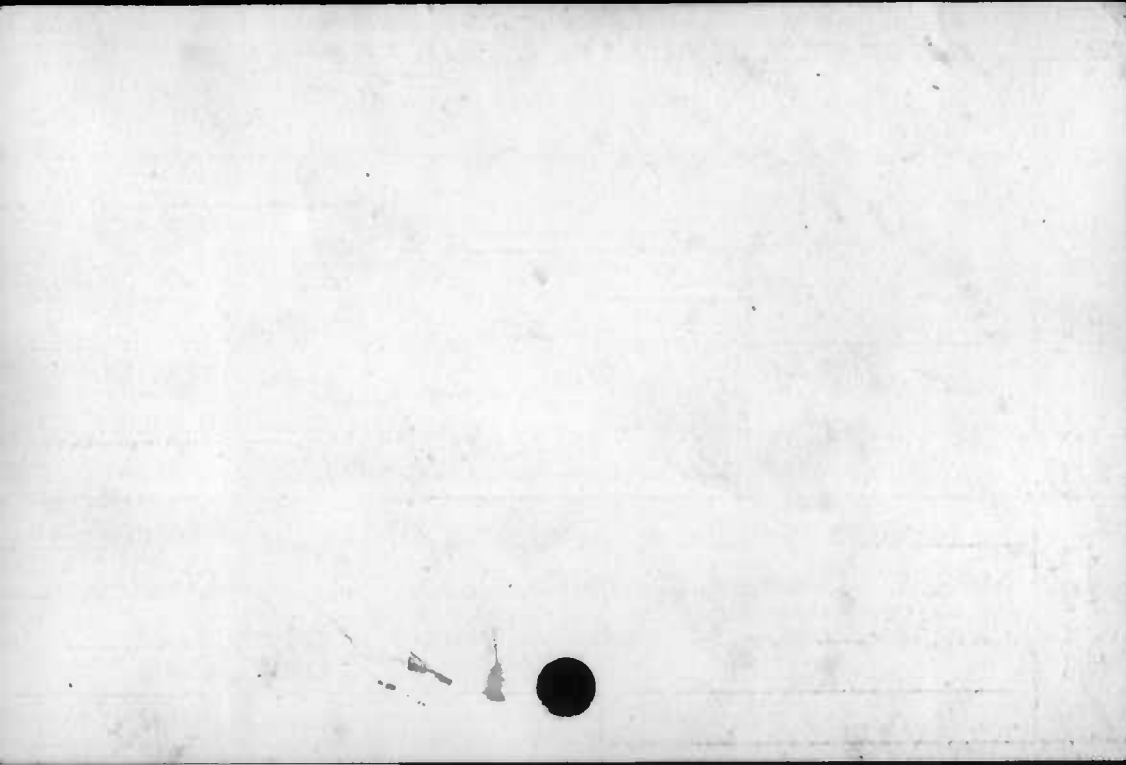
Name in Full JAMES F. Poffruberger		Town Monroeton		County Washington		MARYLAND	
Died at Monroeton		Month Sept		Day 25		Years 56	
Date of death 1908		Months 2		Days 4			
Sex Male		Color or Race white		Birth-place Fred Co., Md.			
Occupation Farmer				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Mary Poffruberger					
Father's Name Daniel Poffruberger		Father's Birthplace Fred Co., Md.					
Mother's Maiden Name Lopelia Palmer		Mother's Birthplace Fred Co., Md.					
Name of person giving information Mr. J. Poffruberger		How related to deceased Wife					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Cause Chronic Paralytic, Apoplexy, 10 years		How long 10 days	
Immediate Cause Warmin			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. D. G. G. G.	
		Address Monroeton, Md.	
Accident or Suicide? —			



Name
in
Full

John. B. Prather.


CERTIFICATE OF DEATH

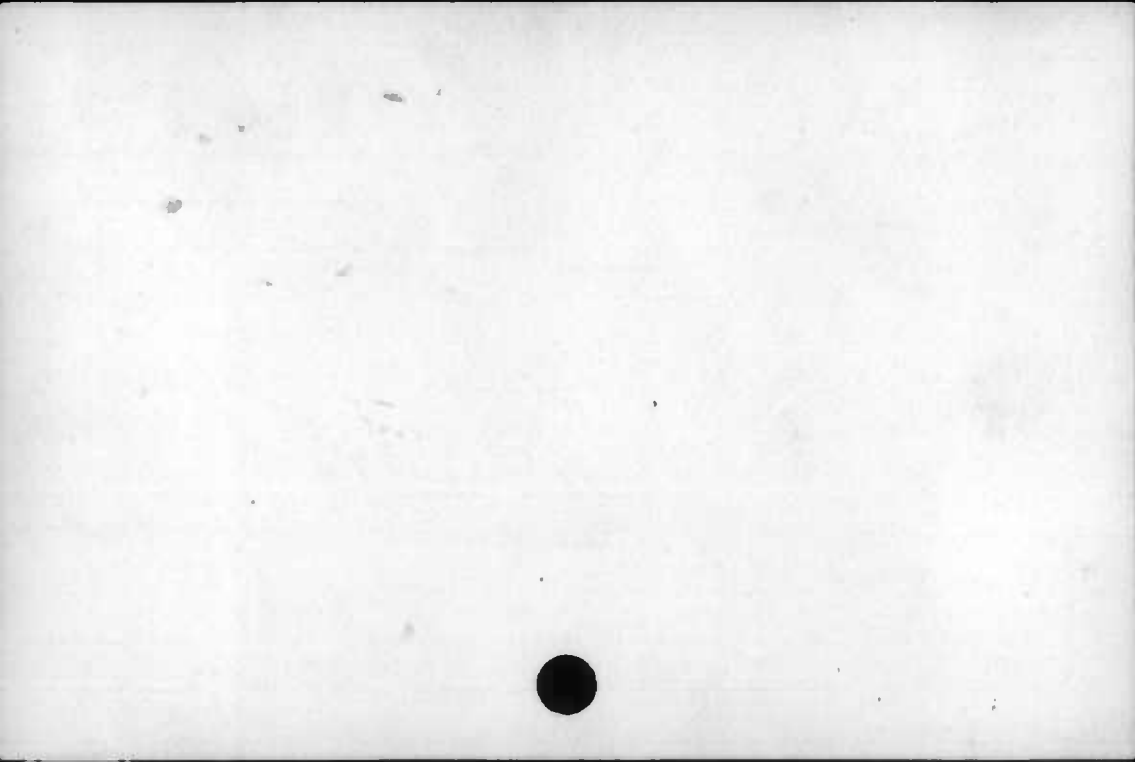
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i>		Town <i>Washington.</i>		County		MARYLAND	
Date of death	1908	Month	9	Day	30	Age	67
Sex <i>Male.</i>		Color or Race <i>White.</i>		Birth-place <i>Clearspring</i>		Months	
Occupation <i>Farmer, retired</i>		Where Residing if not at place of death <i>Clearspring</i>		Years		Days	
Married Single <i>Single</i>		Name of Wife or Husband		Father's Name <i>Basil Prather.</i>		Father's Birthplace <i>near Clearspring</i>	
Mother's Maiden Name <i>Temperance Mason.</i>		Name of person giving information <i>Geo. T. Prather</i>		Mother's Birthplace <i>Pectonville Md</i>		How related to deceased <i>Nephew.</i>	

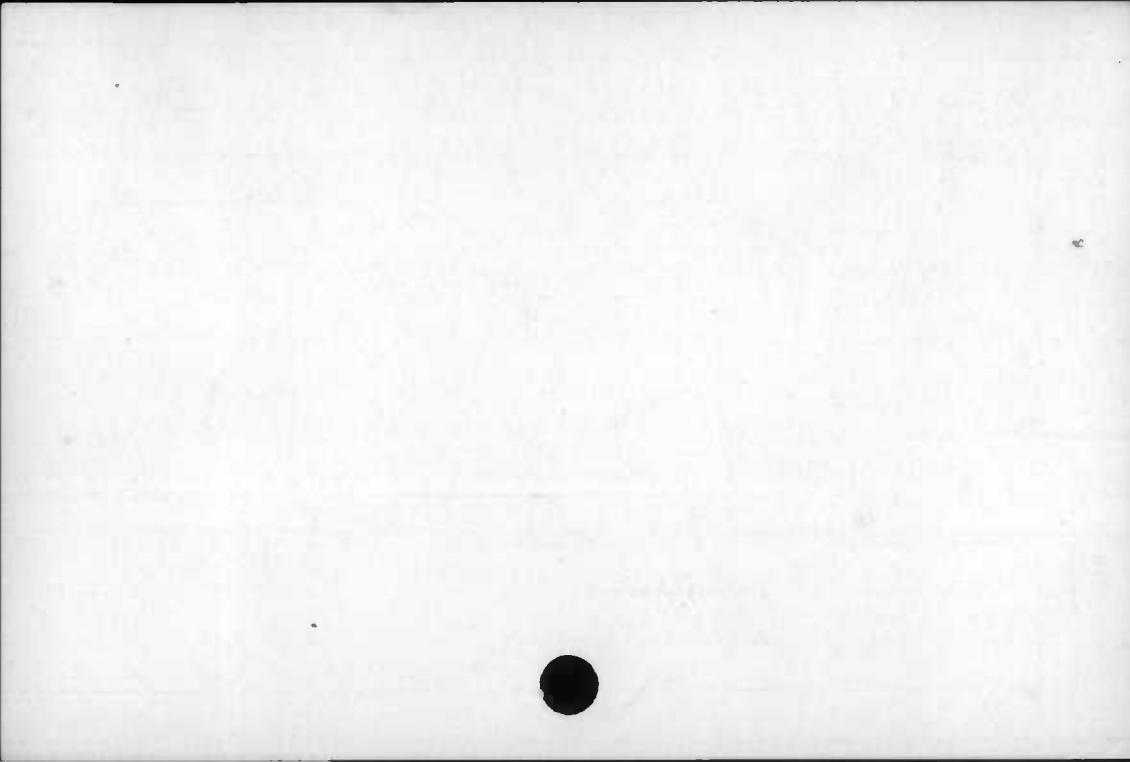
CAUSES OF DEATH

PHYSICIAN
OR CORONER

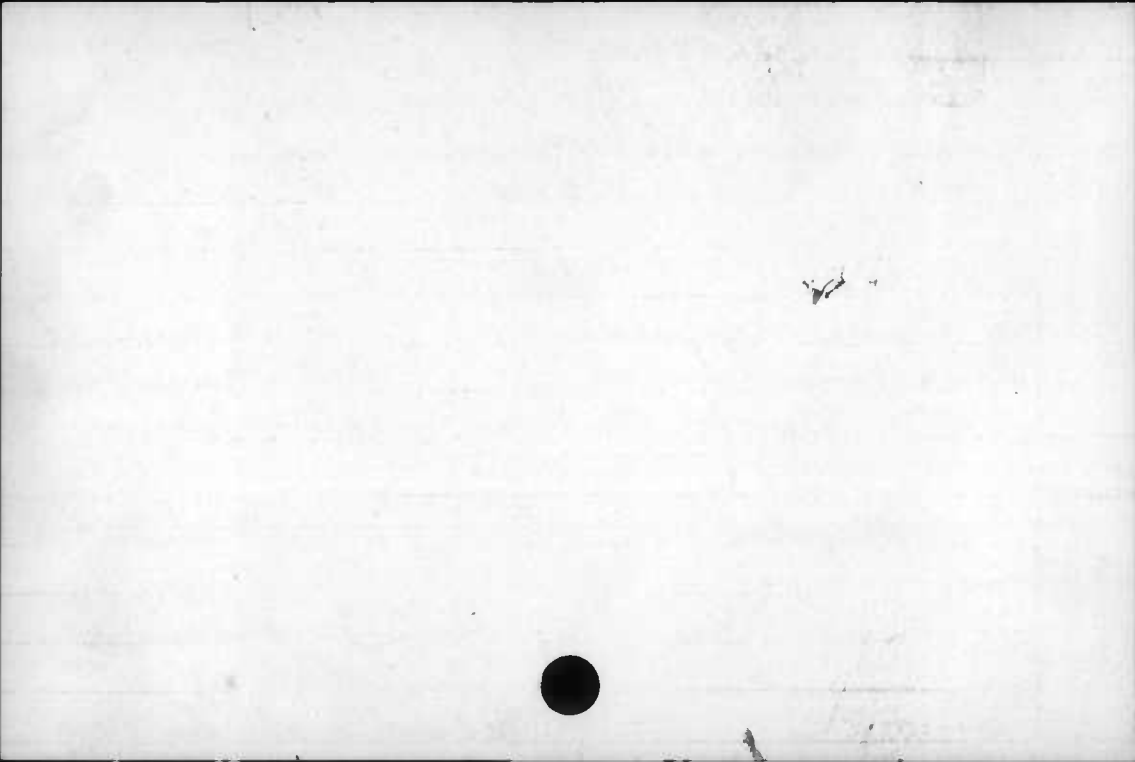
Primary	<i>Angina Pectoris</i>	How long	<i>3 Months.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Perry</i>	
		Address <i>Clearspring Md</i>	
		Accident or Suicide?	



Name in Full		Susan Reese				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Smokestown		County					
				Wash.		MARYLAND					
		Date of death		1908		Month		Sept.			
				Day		18		Age			
						Years		73			
						Months					
						Days					
		Sex		Female		Color or Race		White			
		Birth-place		Wash. Co							
		Occupation		House wife		Where Residing if not at place of death		Smokestown			
		Married, Single or Widowed		Married		Name of Wife or Husband		John Reese			
		Father's Name		Jacob Leoy		Father's Birthplace		Not Known			
		Mother's Maiden Name		Not Known		Mother's Birthplace		Not Known			
		Name of person giving information		John Reese		How related to deceased		Husband			
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Cerebral Paralysis -				How long		Immediate	
				Exhaustion				How long		5	
		Immediate									
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. S. Davis			
						Address		Boonsboro Md			
		Accident or Suicide?									



Name in Full		Still Born Child of L. C. Reynolds				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u>		Town <u>Washington</u>		County	
		Date of death 190 <u>8</u>		Month <u>9</u>	Day <u>21</u>	Age	Years
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md</u>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <u>L. C. Reynolds</u>				Father's Birthplace <u>Md</u>	
		Mother's Maiden Name <u>Grace</u>				Mother's Birthplace <u>Md</u>	
		Name of person giving information <u>L. C. Reynolds</u>				How related to deceased <u>Father</u>	
		CAUSES OF DEATH				(S)	
PHYSICIAN OR CORONER		Primary <u>Premature birth 6 mos</u>				How long	
						How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>M. J. Monahan</u>	
		Address <u>Hagerstown, Md.</u>					
PHYSICIAN OR CORONER		Accident or Suicide? <u>No</u>					



Name
in
Full

William H. Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pandaville</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>7</i> ^{Month}	<i>29</i> ^{Day}	<i>22</i> ^{Years}	<i>3</i> ^{Months} <i>19</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Labour</i>		Birth-place	<i>Crystal Falls</i>	
Where Residing if not at place of death			<i>Pandaville</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary K. Colvin</i>	
Father's Name	<i>Oscar Reynolds</i>			Father's Birthplace	<i>Beverly Creek</i>
Mother's Maiden Name	<i>Hester Smith</i>			Mother's Birthplace	<i>Pleasant Valley</i>
Name of person giving information	<i>Mary K. Reynolds</i>			How related to deceased	<i>Wife</i>

PHYSICIAN
OR CORONER

<p><i>Shot & killed at Pandaville</i></p> <p>CAUSES OF DEATH</p> <p><i>Shot with a spot gun</i></p>		<p>176</p>
Primary	<i>Murder</i>	
Immediate		How long
<p>Are the name, age, sex, color, date and place correctly given above?</p> <p><i>Yes</i></p>		<p>Signature of Physician</p> <p><i>J. H. Ferguson</i></p> <p>Address</p> <p><i>Smithsburg</i></p> <p><i>Washington Co Md</i></p>
<p>Accident or Suicide?</p>		



Name
in
Full

Walter Roy Ridenour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Mr.} <i>Leitersburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i>	Month <i>9</i>	Day <i>24</i>	Age <i>17</i>	Months <i>8</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Leitersburg</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Chas. Ridenour</i>	Father's Birthplace <i>Leitersburg</i>				
Mother's Maiden Name <i>Annie Glenn</i>	Mother's Birthplace <i>Covetown</i>				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Lobar Pneumonia</i>	How long <i>3 days</i>
Immediate	<i>Rheumatism & Typhoid Fever</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. B. Sollenberger</i>
		Address <i>Waynesboro, Pa.</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sept</i>	Day	<i>23</i>
Age	<i>21</i>	Years		Months	<i>9</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>md</i>
Occupation	<i>Domestic</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>James Saunders</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Emma Lake</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Emma Saunders</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Gastric Fever</i>	How long	<i>Six weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Daniel A. Watkins</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			

Erasmus
Lathrop

2000

Name
in
Full

Mary Catharine Semler

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLANDDate of death 190 ^{Month} 9 ^{Day} 1 ^{Age} 71 ^{Years} ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Widou Name of Wife or Husband Andrew Semler

Father's Name Jonathan Cramer Father's Birthplace Md

Mother's Maiden Name Margarite Mother's Birthplace

Name of person giving information Laura Semler How related to deceased Daughter

CAUSES OF DEATH

66

Primary Paralysis How long Two years

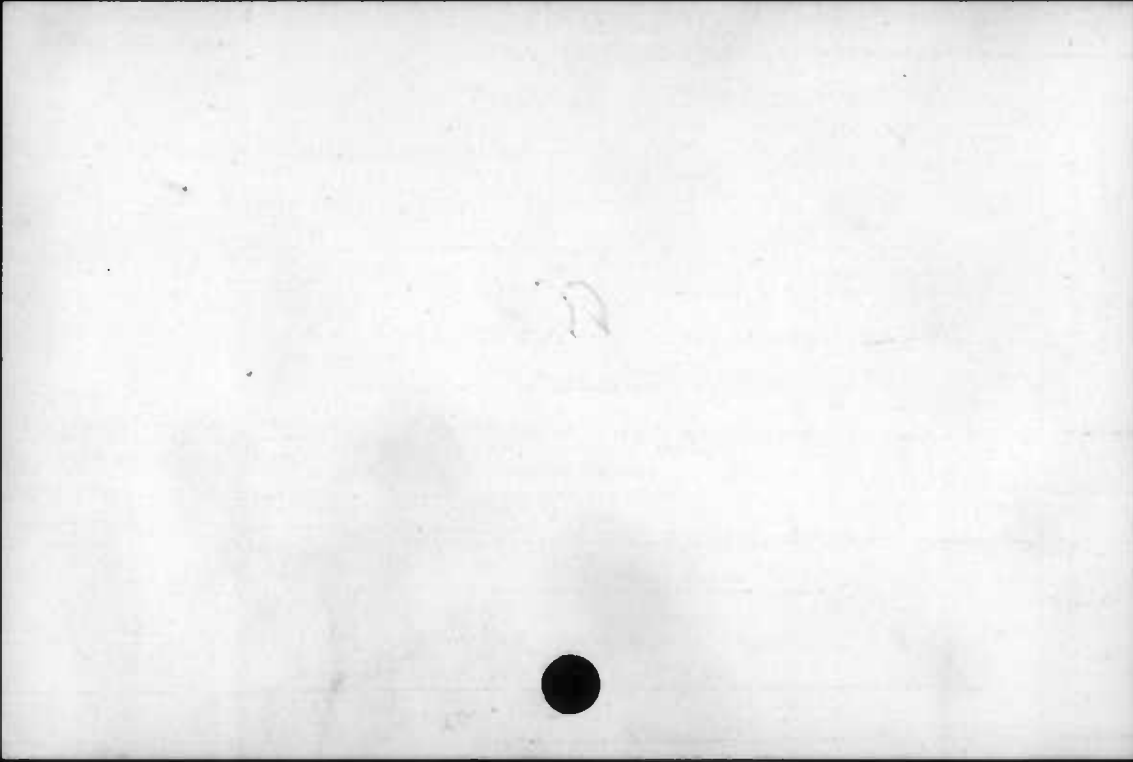
Immediate Exhaustion How long One week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician O'Neil, Reginald

Address Hagerstown, Md.

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan Malinda Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date		Month 8	Day 5	Years 53	Months 6	Days 18	
Sex	Female		Color or Race	White		Birth place	Morgantown
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Shank			
Father's Name	Jacob Schuler					Father's Birthplace	Freemantle Pa
Mother's Maiden Name	Catharine Carl					Mother's Birthplace	Bloomfield
Name of person giving information	David Shank					How related to deceased	Husband

CAUSES OF DEATH

64

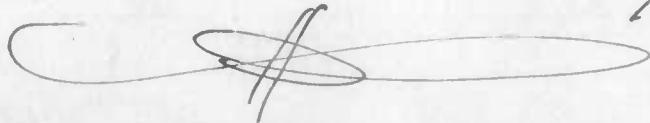
PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	few hours
Immediate	Brain Paralysis		How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr D. T. Lesher	
			Address	
			Williamsport Md	
Accident or Suicide?		No		

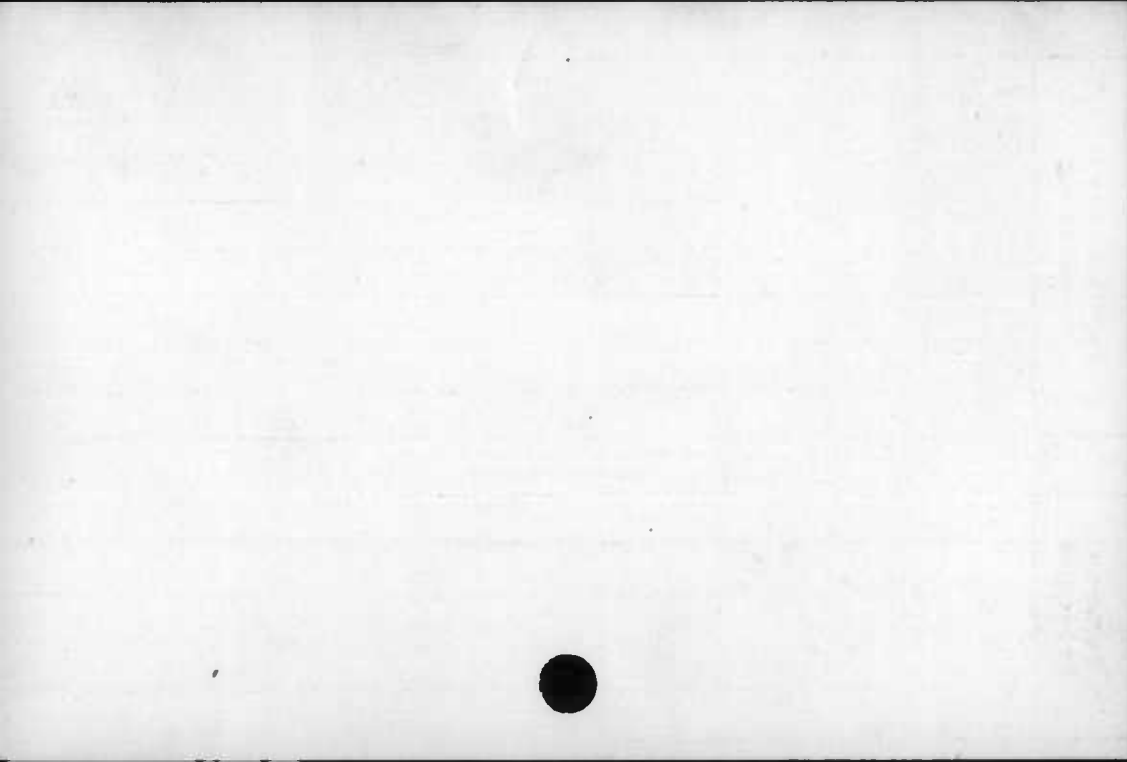
J. F. Kreps

Undertaker Williamsport
Md

Buried in Revereview Cemetery



Name in Full Aaron G. Shorman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Breathedsville	Town Washington	County Washington
	MARYLAND		
	Date of death 1908	Month 9	Day 13
	Age 88	Years 88	Months 6
	Sex Male	Color or Race White	Birth-place Wash. Co.
	Occupation Retired Farmer	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Peter Shorman	Father's Birthplace Unknown	
Mother's Maiden Name Kitty Shively	Mother's Birthplace 11		
Name of person giving information Mrs. M. Thomas	How related to deceased Niece		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Enlarged Prostate, Retention of urine	How long 125	
	Immediate Exhaustion	How long 2 Weeks	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. M. Reichard	
	Accident or Suicide?	Address Fairplay	



Name
in
Full

William M Slick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

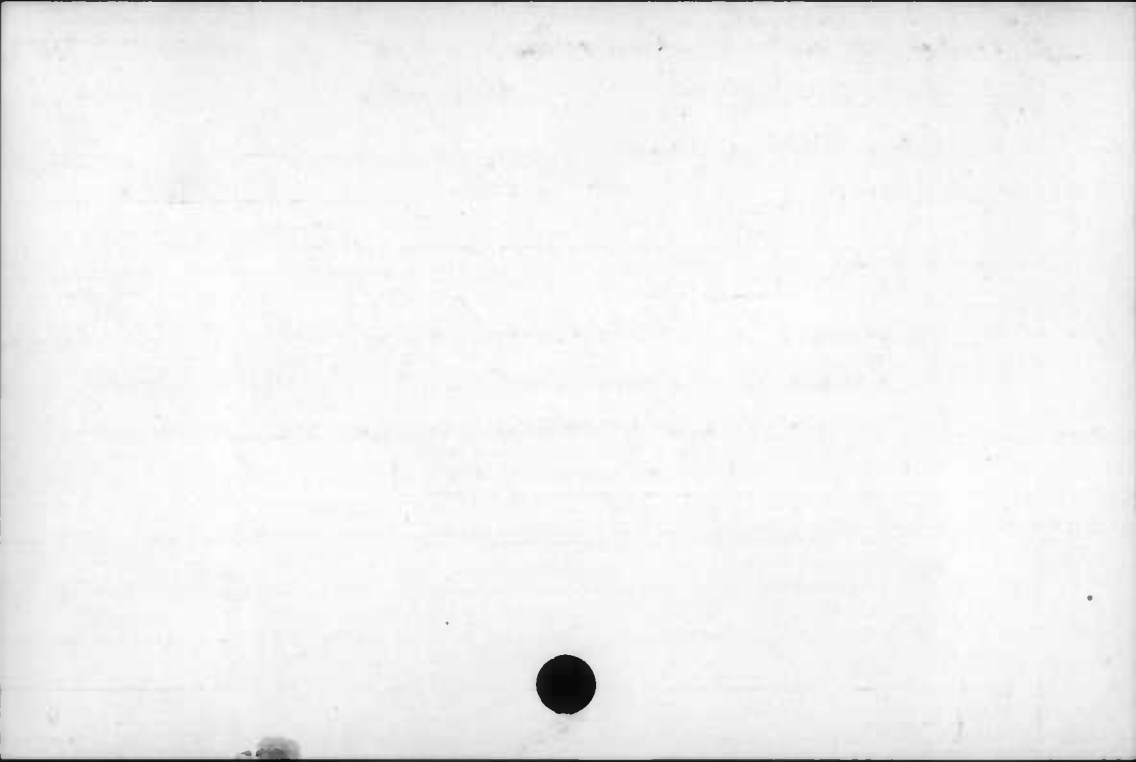
Died at <i>near Smithsburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1908	Month	9	Day	30	Age	Years <i>—</i> Months <i>1</i> Days <i>16</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>near Smithsburg</i>
Occupation	<i>none</i>		Where Residing if not at place of death		<i>near Smithsburg</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Daniel F. Slick</i>					Father's Birthplace	<i>Lextersburg</i>
Mother's Maiden Name	<i>Annie E. Entler</i>					Mother's Birthplace	<i>Shepherdstown</i>
Name of person giving information	<i>Daniel Slick</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 Days</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr M D K fauer</i>	
		Address <i>Smithsburg</i>	
		<i>Maryland</i>	
Accident or Suicide?			



Name
in
Full

Lucella Grace Sreckenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hagerstown* Town *Wash.* County

Date of death *1908* *Sept* *26* Age *9* Years Months *9* Days *—*

Sex *female* Color or Race *white* Birth-place *md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *John A. Sreckenberg* Father's Birthplace *md.*

Mother's Maiden Name *Mary A. Herbert* Mother's Birthplace *md.*

Name of person giving information *J. A. Sreckenberg* How related to deceased *Father.*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Chronic Endocarditis & Nephritis* How long *1 year*

Immediate *Toxaemia* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Victor Duillen*

Address *Hagerstown, Md.*

Accident or Suicide? *No*

2863

S

29

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Olive Elizabeth Sprecher

MARYLAND

Died at

Huyett

Town

County

Wash.

Date

1908

Month

9

Day

1

Years

Age

—

Months

2

Days

14

Sex

female

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

D. Jesse Sprecher

Father's
Birthplace

Md

Mother's
Maiden Name

Olive Kress

Mother's
Birthplace

"

Name of person giving
information

D. Jesse Sprecher

How related
to deceased

father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enterocolitis

How long

3 weeks

Immediate

Convulsions

How long

More than an hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

O. H. P. Pagan

Address

Hagerstown,
Md.

Accident or Suicide?

No

St Paul

Name in Full		Certificate of Death			
Eveline Tall		Died at <u>Hagerstown</u> ^{Town}		County <u>Washington</u> ^{County}	
Date of death <u>1908</u>		Month <u>9</u>	Day <u>7</u>	Age <u>86</u>	Years <u>8</u> Months <u>8</u> Days <u>29</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>House Wife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Benjamin Tall</u>			
Father's Name <u>Thomas Ashby</u>		Father's Birthplace <u>Na</u>			
Mother's Maiden Name <u>Mary Stickle</u>		Mother's Birthplace <u>Na</u>			
Name of person giving information <u>Elie Tall</u>		How related to deceased <u>Daughter</u>			
		CAUSES OF DEATH		154	
Primary <u>Senility</u>		How long <u>months</u> (D)			
Immediate <u>Cardiac Failure from Exhaustion</u>		How long <u>2 hrs</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. D. Puffer</u>			
		Address <u>Hagerstown</u>			
Accident or Suicide? <u>No</u>		Ind			

Cyprus

Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

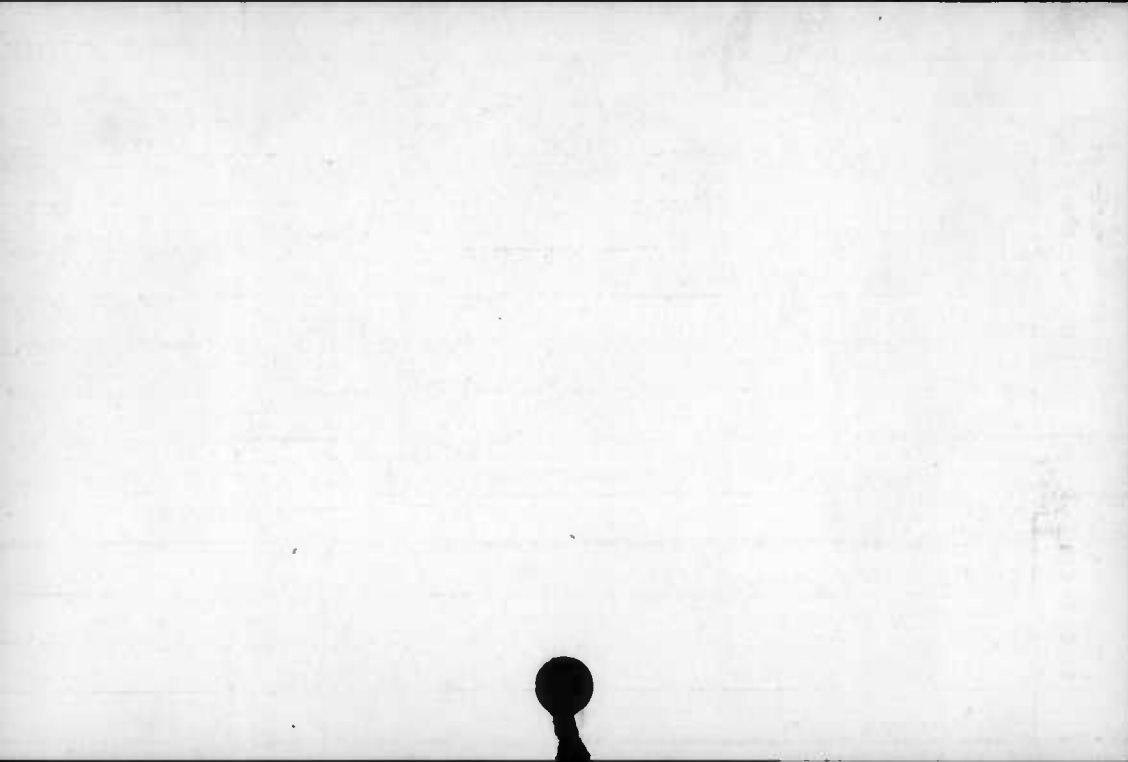
Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>9</i>	Day <i>19</i>	Age <i>75</i> ^{Years}	<i>7</i> ^{Months} <i>26</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Cabman</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Christiana McCreary</i>				
Father's Name <i>David Johnson</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Elizabeth Horsus</i>	Mother's Birthplace <i>Dont</i>				
Name of person giving information <i>Mrs C. F. Shindel</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Intestinal Carcinoma</i>	How long <i>Unknown</i>
Immediate <i>Intoxication</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. M. Webb</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Archie Theodore Vance

CERTIFICATE OF DEATH

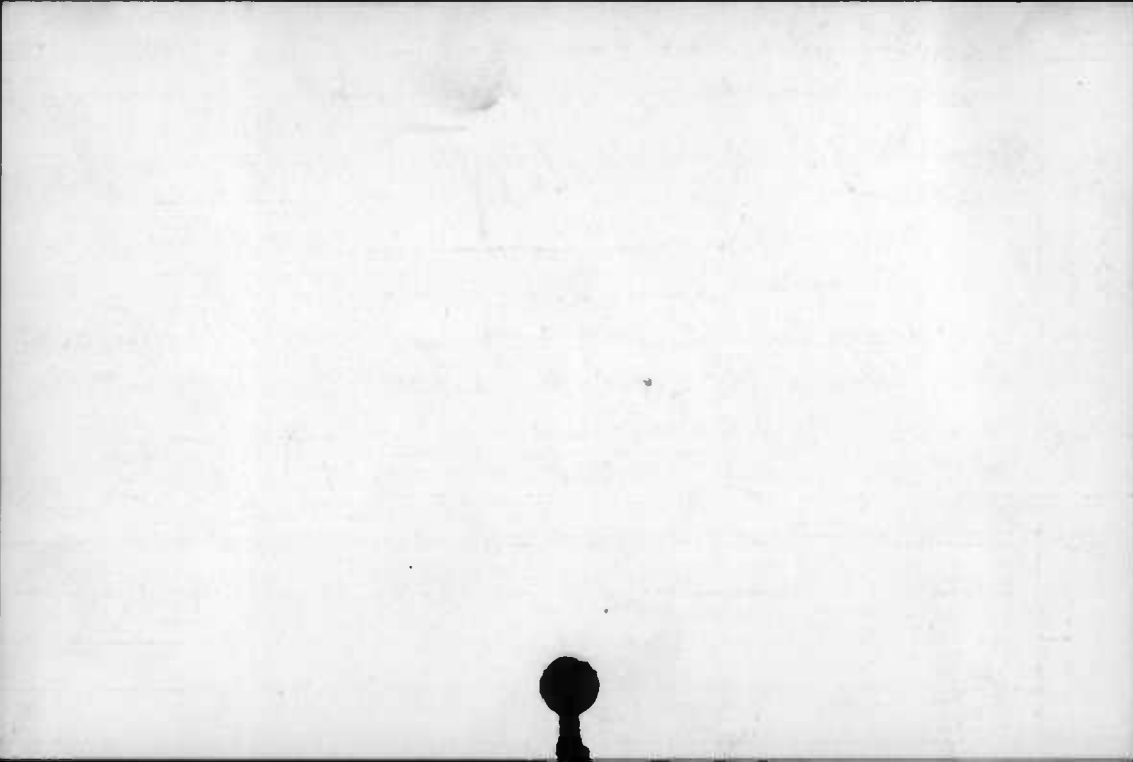
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Timber Ridge</i>		County <i>Was</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sep</i>	Day <i>1</i>	Age <i>17</i>	Months <i>"</i> Days <i>"</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Timber Ridge</i>		
Occupation <i>Farming</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles J Vance</i>			Father's Birthplace <i>Millstone</i>		
Mother's Maiden Name <i>Mary Elizabeth Shires</i>			Mother's Birthplace <i>Timber Ridge</i>		
Name of person giving information <i>Father</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>4 wks.</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. Howard Steger</i>	
		Address	
Accident or Suicide?			



Name
in
Full

Matilda Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Boacubono		Washington					
Date	Month	Day	Years	Months	Days		
of death	1908	September	28	Age	82		
Sex	Female		Color or Race	White		Birth-place	Washington County
Occupation	Housewife		Where Residing if not at place of death		Boacubono, Md.		
Married, Single or Widowed	Widow		Name of Wife or Husband		Davis Williams		
Father's Name	Jacob Bradley			Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Isabella Dillon			Mother's Birthplace	Pennsylvania		
Name of person giving information	J. H. Williams			How related to deceased	Son		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	General Debility:		How long	Several yrs -
Immediate	Old Age		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. S. Davis	
		Address	Boacubono Md	
Accident or Suicide?				

